



WEST
HILLS
COMMUNITY
COLLEGE
DISTRICT

REQUEST FOR ADDITIONAL LOAN FUNDS

Office of Financial Aid • West Hills Community College

Student Name

Student ID Number

Social Security Number

Eligibility and availability for the requested funds will be determined at the time your request is reviewed.

INSTRUCTIONS:

- Complete this form to activate your additional loan request.
- Return the form to your home campus:

West Hills College
Coalinga
300 Cherry Lane
Coalinga, CA 93210

West Hills College
Lemoore
555 College Avenue
Lemoore, CA 93245

West Hills College
NDC
1511 Ninth Street
Firebaugh, CA 93622

Term of Request (select one of the below):

- | | |
|---|---|
| <input type="checkbox"/> <i>Academic Year</i> | <input type="checkbox"/> <i>Spring only</i> |
| <input type="checkbox"/> <i>Fall only</i> | <input type="checkbox"/> <i>Summer only</i> |

Type of award (check as appropriate):

- Federal Stafford Loan
 Parent PLUS Loan (if denied, denial notice must be attached)

Loan amount requested* \$ _____

*If a Federal Stafford Loan has already been processed for all or part of the period for which you are requesting additional funds, only indicate the **additional** amount requested.

*The amount requested is subject to change upon official review in accordance with federal guidelines. .

I, _____, have read the information above and understand my rights and responsibilities as a borrower.

Student Signature

Date

Note: Requests are reviewed in order of date received and after all standard applications have been processed.

The deadline for filing a request is three weeks
prior to the end of the semester.
Failure to request by the posted deadline may result in denial of request.